

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

APPLICANT(S)

FILING DATE

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	1					
4	1					
5	1					
6	1					
7	<u>2</u>					
8	<u>2</u>					
9	1					
10	1					
11	1					
12	1					
13	1					
14	1					
15	1					
16	1					
17	1					
18	1					
19	1					
20	<u>2</u>					
21	<u>2</u>					
22	1					
23	1					
24	1					
25	1					
26	1					
27						
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31						
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33						
34						
35						
36	1	1	1	1	1	1
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49						
50						

TOTAL IND.

22

TOTAL DEP.

2

20

TOTAL CLAIMS

22

22

CLAIMS

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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TOTAL IND.

22

TOTAL DEP.

22

TOTAL CLAIMS

22